

Wyoming Workers' Safety & Compensation Division  
Nurse Review/Check Sheet for Extracorporeal Shock Wave Therapy (ESWT)

Claimant:

DOI:

Case No.:

Pre-screen review date/nurse:

Date Symptoms began after DOI:

Health Care Practitioner/Physician:

Diagnosis:	Lateral epicondylitis	<input type="checkbox"/>	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
	Medial epicondylitis	<input type="checkbox"/>	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
	Plantar fasciitis	<input type="checkbox"/>	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
	Calcific tendinitis	<input type="checkbox"/>	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>

Medically necessary visits for occupationally related disease:

Diagnostics completed with dates of each study:

Conservative treatment (includes medications, rest, splints, braces, physical therapy ultrasound, massage, steroid injections, NSAIDs)

At least four weeks of physical therapy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
At least four weeks of NSAIDS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
History of severe systemic diseases	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Chronic symptoms present for at least six months	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Adequate documentation by Health Care Practitioner for basis of claim	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Multiple steroid injections (Optional)	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List history of unsuccessful conservative treatments:

Recommend three treatments with one week in-between each treatment based on pre-screen review:      Yes ☐      No ☐